

# Property Inventory Assessment Checklist

Property Address

Date of Assessment

Inspector Name

Tenant Name

## Inventory Checklist

Room/Area	Item/Fixture	Quantity	Condition	Comments
Living Room	Sofa			
Living Room	Coffee Table			
Bedroom	Bed			
Bedroom	Wardrobe			
Kitchen	Refrigerator			
Kitchen	Microwave			
Bathroom	Shower			
Bathroom	Mirror			

General Notes / Additional Comments

Inspector Signature

Tenant Signature